Saskatchewan
Health

Learning Through Living Health

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L E A R N I N G T H R O U G H L I V I N G H E A L T H

A summary report of a Task Force on the health learning needs and opportunities of children and youth in Saskatchewan submitted to the Review of Child and Youth Health Services

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PREFACE

Learning Through Living Health is a pioneering work with potential for greatly improving the health of children and youth. Considerable resources have gone into health promotion for adults during the last decade. However, there has not been the same effort directed to the health learning needs and opportunities of children and youth.

The International Year of the Child, 1979, provided the impetus for Saskatchewan's Minister of Health to commission a study of the health needs of children and youth and the services available to meet their needs. Learning Through Living Health focuses on the future health of children and youth as background to the overall review.

The four members of the Task Force who undertook this work with optimism and commitment have started a snowball rolling downhill which could provide the impetus for the development of meaningful health learning opportunities for children and youth in Saskatchewan.

Meredith Moore, Family Planning Consultant with Health Promotion of Saskatchewan Health, chaired the Task Force, was responsible for keeping the ball rolling and writing the final manuscript. Mavis Williams, kindergarten teacher, with a doctorate in early childhood education provided the expertise and focus on child development, as well as her experience with children. Barbara Ellemers, former Director of Public Health Nursing with the City of Regina Health Department and presently Executive Director of the Saskatchewan Registered Nurses Association, provided an appreciation of community resources and an emphasis on the health needs of children and youth. Judy Thompson, Librarian with the Saskatchewan Alcoholism Commission, had special responsibility for providing library and research resources for the group.

This report is a distillation of the research that the Task Force carried out. A framework has been developed within which programs can be provided to increase the health learning opportunities for children and youth in Saskatchewan. The new program ideas presented are innovative and exciting. It will be necessary to develop a variety of health learning strategies to meet the needs of children and youth and the strategies should be developed as an overall coordinated program if they are to have maximum impact. Attention to environmental protection and opportunities for the young to learn about health and develop healthy lifestyles are the foundation for the future health of the people of Saskatchewan.

Terry Russell
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INTRODUCTION

The foundation for adult health lifestyles is built in childhood. If the health care field is ever to focus on other than rescue missions for overweight, out-of-shape, depressed, ill-informed adults, it must participate more vigorously and effectively in the health learning of children and youth.

The Task Force on Learning Through Living Health was commissioned as part of the Review of Child and Youth Health Services undertaken by Saskatchewan Health during the International Year of the Child. The purpose of the overall Review was to examine presently available services related to the health of children and youth provided or funded by Saskatchewan Health, determine whether these services adequately meet current needs, and make suggestions concerning future developments in health for children and youth.

The purpose of Learning Through Living Health was to explore how children learn about health and what motivates development of health lifestyles and decisions. As much has been written about school-based health teaching, the focus was on informal and non-curricula centered learning. The Task Force was asked not only to review and reveal the health learning process, but also to comment upon significant issues raised in the study.

The Task Force worked within the World Health Organization's definition of Health: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity".

Health learning was identified as experiences which enable people, in this case children, to learn about health issues including the ideas and subjects traditionally a part of health education and health promotion. The concept of health learning is an important one to study. The question under investigation was "How do children learn about health?" not the more traditional emphasis "What should we teach children?" Opportunities to learn about health are everywhere. However, we have little information about the ways in which children learn about health or, as they grow older, make sound choices about lifestyle issues which affect health status.

A survey of the health learning opportunities provided by some 65 community programs and government agencies was undertaken. While the survey phase went relatively smoothly, a review of the literature revealed very little information in the field of children's informal health learning. Much more material was available on classroom or formal health education. Due to the interest in informal learning, a special strategy was developed. Information was drawn together from the fields of child development, learning theory, health learning theory, communications, health status and problems and interests of children. This was then woven together with information gathered from the review of community-based organized health learning opportunities to determine significant issues in children's health learning.

MAJOR FINDINGS

The major findings were as follows:

1. Children's health learning is based on their interests and their growing conceptual ability. Programs must be age-specific and developmentally appropriate. It is important to make available different learning opportunities about the same health concepts at different ages of the child's life.

2. Parents are the primary educators through role modelling. Their influence is especially important for infants and young children. Effective ways to improve parents' health education influences on their children must be a priority.

3. The early years are crucial for building the foundation for health learning.

4. As soon as children are able to make their way in the world outside the home, the influence of peers becomes important. Developing health learning opportunities as a part of the peer culture of older children and youth has the potential for great impact on health behaviour.

5. In order to influence children and youth towards healthy behaviour it is imperative that they have opportunities to practice good health behaviour. Nonformal learning environments are more important than formal ones in establishing healthy behaviour. More effort and creativity should go into developing health learning opportunities in which children participate.

6. Development of a positive self-concept and a feeling of competence is of major importance to children's health learning as the basis of many health lifestyle choices.

7. Community agencies are doing useful and important work to provide health learning opportunities for children and could benefit from specialized consultation both to plan and strengthen developmentally appropriate programs.

8. The greatest needs exist for children from low income families, rural areas and for those of native ancestry.

HEALTH LEARNING AND CHILD DEVELOPMENT

Children of different ages have different interests, abilities and opportunities to learn about health. Methods which are appropriate for one age are not useful at another. Health lessons learned and firmly believed at eight or nine years of age do not necessarily hold true for youth of fourteen. Otherwise there would be far fewer smokers around. Figure 1 summarizes the relationship among the critical factors concerned in health learning for children.

CHILD DEVELOPMENT	LEARNING STYLE	SIGNIFICANT EDUCATORS	HEALTH ISSUES	HEALTH INTERESTS
Infants & Toddlers 0-2 years -aware of the universe -explore through senses -coordination and mobility -self concept-dependence/ independence	-exploration -discovery -association/ reward.	-primary care givers (parents, baby sitters, other adults	-safe environment -balance between protection and encouragement for discovery -maternal health -nutrition -family readiness -immunization	-general curiosity (senses)
Pre-schoolers 2-5 years -world is seen in parts -memory developing but unreliable -language -as above re self competence	-as above -modeling	-as above -brothers & sisters -parent's life style -a few peers -other adults -TV	-accidents (traffic & home) -communicable diseases -stimulation -reliable care	-as above also using language
Early Schoolers 5-7 years -self concept retested. -develop social skills -develop moral judgment	-as above	-as above -peers more important -teachers -community teachers, coaches, leaders	-as above -handling complications from illness -establishment of good health habits	-body workings, safety, first aid -personal and family relation-ships
Middle Aged Children 7-12 years -landmarks - hold 2 ideas at same time -examine discrepancies -reversibility	-as above	-balanced among home, school, and peers -coaches, teachers, & leaders	-as above -preparation for puberty -smoking -participation	-as above -mental health, social develop-ment, feelings, self & peers -alcohol/drugs
Youth g 11 - b 13 - 18 years -abstract thinking -develop personal values -separating from families -trying out roles thus changeable & variable.	-as above -abstract learning	-as above -peers (particularly as age differences tend to segregate groups in activities	-accidents, suicide, mental health, human relationships, sexuality, venereal disease, pregnancy, contraceptives, drugs-tobacco, alcohol, "street" & prescription drugs, nutrition, lifestyle habits	-develop responsibility for self -making decisions -learning lifetime recreational skills -alcohol, street and prescription drugs -sexuality

Figure 1: Summary of Children's health learning.

The chart is a convenient, short-hand method of recording the important features of the process. In planning a health promotion strategy for children, it is essential to consider differences in developmental level, learning style, significant educators, important health issues, and health interests as a basis for developing strategies and specific programs.

There are a number of more general concepts which are differently affected by the age of the child: the relationship between dependencies and independence; the importance of exploration of health learning; and, the need for a safe environment to explore.

The newborn is very dependent, relying on others to provide food, comfort, stimulation and a feeling of security. The child who has these needs met consistently develops trust in the world as a friendly, dependable place. The child is able to move out from this secure base when developmentally ready and explore independent learning activities. Exploration brings accomplishment which creates motivation to master new skills. Children must learn and parents must encourage a balance between independence and dependence.

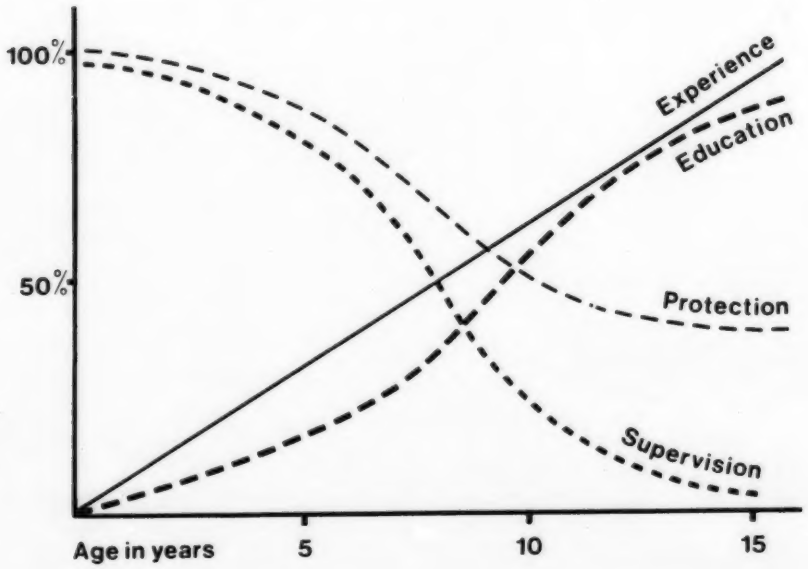

Figure 2: The relationship between the child's needs for learning and protection.

Children are dependent physically and emotionally. As they grow they become more independent physically but remain emotionally dependent upon their parents much longer. During the teen years, much of their emotional dependence is transferred to friends and consequently the influence of peers becomes extremely important. The balance between dependence and independence is crucial to the lifestyle choices made by each individual.

A graphic illustration of the relationship between learning/exploration and protection/supervision appears in Figure 2. Younger children need considerably more supervision and protection than do older ones. More independent learning is possible at older ages. The balance between these factors parallels the growth of independence of the child and provides a unique way in which to view the relationship between safety and exploration.

The self concept a child develops is basically the expression of information received from others and from acting within and on the environment. A competent child is a child who is secure enough to risk exploration and confident about being able to exercise some power over the environment. In making healthy lifestyle choices, a positive self concept and feelings of competence are essential underlying factors. It is through exploration, and to some extent trial and error, that children develop the capacity to make choices.

Accepting the necessity for exploration to promote learning leads to the necessary examination of the environment of the growing child. This environment must be safe and free from unnecessary hazards while allowing ample opportunity for stimulating learning. Environmental protections, supervision of supportive and caring adults, age-appropriate activities, toys and play structures are all needed to encourage health learning opportunities.

INFANTS & TODDLERS

During the early years the skills of mobility, language and fundamental motor co-ordination develop. Children of this age are developing an awareness of their universe, and formulating an initial self concept.

The methods of learning are by discovery, association and reward, and the significant educators are parents and other primary caretakers.

The needs of this age group are for a good start in life, that is, a family ready to receive and nurture, a safe environment which provides them the opportunity to explore, a nutritious diet, and protection from disease.

Problems to be avoided are a poor fetal environment, accidents, and lack of stimulation.

Relevant programs currently available are services relating to effective family planning, adequate prenatal health care and education, safe and healthy childbirth and post-birth programs, such as visiting nursing, child health conferences, and parent education. The three target areas in which improvement in health through learning can be undertaken for the infant and toddler age group may be titled "A Better Start in Life", "What's Best for Baby", and "Safe Home". As will be the case with other suggestions in this report, these are put forward as sketches of possible ideas.

"A Better Start in Life" could be effected by improved family planning; choosing the role of parent; choosing to have children between the ages of 20 and 35; spacing pregnancies two to four years apart; exercising caution about diet and exercise and avoiding known hazards such as tobacco, alcohol and other drugs when pregnant. These are among the most crucial determinants of the health of infants.

Strategies to ensure "A Better Start in Life" should begin with preparation for parenthood through family life education classes in school and community programs. The health of children is so important that the process of learning about children must begin with children, long before they become parents. There are excellent opportunities in Saskatchewan at present for prenatal classes but not everyone avails themself of the opportunity. It is especially important to reach young, first time parents, both mothers and fathers, in order that they are better prepared to meet the needs of the child soon to be born. With groups who are at risk, such as the young single mother, the poor, the new immigrant or those with cultural differences, special programs may be necessary which employ local helpers (trained volunteers or community health workers). The development of "postnatal classes" where moms and dads can get together for an evening of fun and learning with good movies, free babysitting and something to nurture both the adult and the new parent are desirable. Establishing volunteer grandparent programs through hospitals could provide the opportunity for meaningful contact between the three generations and go a long way to overcome the problems of isolation which have developed in our mobile society.

The needs of parents could be addressed by means of a "What's Best for Baby" program consisting of initiatives developed to facilitate improved parent-child interaction, including improved support (both moral and financial) to the parent education movement and establishment of book and toy collections in libraries. For parents with poor reading skills, a "parent's almanac" could be produced through Saskatchewan Health or by organizations such as the Saskatchewan Native Women's Association. Information on child development, advice on nutrition, recipes, dealing with fevers and colic, teething, misbehaviour, emergency phone numbers could all be presented in easy to read and use form.

Accidents are a major cause of illness and death among young children and the majority of these accidents take place in the home or family car. "Safe Home" is a strategy that could be developed to improve child safety. Packages for parents could be provided through prenatal and parenting classes or general distribution which would encourage safety in the home with checklists and information about poison treatment procedures, children's car safety, storage of household cleaning products, the use of child proof caps on medications, fire safety and smoke detectors, water heater temperature and other measures which would provide a protected home environment for the newest member of the family.

YOUNG CHILDREN

The next developmental stage encompasses the years spanning the second birthday to going to school.

Major developmental tasks centre around the continuing relationship of dependence and independence, the development of self concept and a sense of competence. Skills include the development of language and an increase in independent mobility.

Significant educators are still the parents or other primary caretakers with peers gradually being added as children become more mobile and independent and able to play together. The child becomes involved with a wider universe which includes television, playgrounds, peers, and a growing variety of other adults, including full-time babysitters or day care staff.

Children at this stage still have limited conceptual ability and see the world in discreet pieces. Their ability to remember is not reliable, and learning occurs primarily through discovery, association, reward and modeling. Imitation of parental health lifestyle behaviour becomes noticeable -- for example, smoking while playing house.

Needs during this stage are for a safe environment in which the child has freedom to explore and discover, reliable caretakers who allow the child to feel comfortable with being dependent so that independence can develop and the continuing need for supervision and accident prevention.

Of interest is the fact that the boys of this age group have more accidents than girls. Perhaps this reflects general social expectations that boys will engage in more roughhousing than girls. It may be more acceptable for boys to exhibit impulsive behaviour, take greater risks and therefore, become involved in more accidents. Due to the mobility of children, traffic accidents are a major issue for this age group.

There are three major areas in which children's health can be improved through new and increased health learning opportunities. At this young age it is still important to provide effective and useful information to parents and other adult caretakers but it is also possible to provide health learning opportunities directly to young children. Communicable disease prevention and management, accident prevention, and opportunities for stimulation and growth all need a renewed emphasis.

"Child Health First" is put forward as a campaign to alert parents about the importance of immunization and the ways that they can become competent in handling common childhood illnesses. While Saskatchewan has a good record regarding immunization, there are still children who are unprotected and thus at risk for serious disease. As necessary, specialized immunization programs should be designed to reach those children who are not covered. In some areas this will mean the use of local health volunteers and community health workers who can translate the message and encourage parents to attend. The increasing use of emergency wards of hospitals for young children with minor ailments provides a focus for parent instruction in the management of common illnesses. An important aspect of "Child Health First" is the development of healthy habits, for example, nutrition and prevention of tooth decay are important specifics to consider. Generally, adults understand the importance of child health. What is needed is a multi-faceted campaign aimed at parents, day care workers, other adults who give care to children, and to children themselves, which translates the knowledge into effective health behaviour. Television, radio, community newspapers and newsletters, plus nontraditional locations such as stores and laundromats are available to be used to beam out the message.

"All About Play" is a concept geared to ensure that parents understand the importance of early stimulation for children. Too often, play is seen as a way of getting the child out of the way of the adults. Effective child caring understands the importance of play to the child's growth and development. Support for the parent education movement, toy lending libraries, and neighbourhood play facilities are all important aspects of encouragement. The importance of training and in-service education for day care workers can not be emphasized enough.

Television is a major force for all people today and its impact begins with very young children. As with most social institutions, television has the potential for both good and harm. A classic example of using television to benefit children is the programming of the Children's Television Workshop which produces Sesame Street. In the area of language development and readiness for school, the emphasis on rhyming, counting and singing encourages talking back to the television and provides a joyous playful approach to language development. Governments and concerned citizens' groups have done much to shape the policies of Sesame Street in the past, for example, through the inclusion of Canadian content which emphasizes local cultural and language differences. Nutrition and dental health could become an integral part of the cast of characters through the development of a "Junk Food Monster" who is always cranky and his foil "Good Snacks". Alternatively, characters such as these could be developed locally or in concert with other provincial jurisdictions. The overwhelming importance of television requires that parents be provided with guidance about its use. The content of television programming and commercial advertising during "children's viewing time" and in the later afternoon/early evening needs to be improved, especially in health role models. Agencies such as Saskatchewan Health and others concerned should present to regulatory organizations, television network officials and producers their views and guidelines on inproving the health-generating content of television, for example, programs shown prior to 8:00 p.m., should not show alcohol consumption as a routine part of family or adult life.

Accident prevention is even more important to older children. An extension of the "Safe Home" program is necessary because with increased mobility and curiosity the risks change. A new aspect of the program is necessary, "Safe Play". Attention must be paid to providing safe play environments for young children. Portable play resources, closing streets to traffic on specific days and paying careful attention to the design and construction of play apparatus and toys are important. Further development of the "Elmer the Safety Elephant" program for the preschool population and the continued exposure to excellent health promotion characters such as "Binkley and Doinkle" who warn children about the hazards of many common household products through the use of puppets, are endeavours which should be further extended.

EARLY SCHOOLERS

School attendance, the next major event in the child's life, changes the nature and size of the child's universe. A major developmental task for the early school child is the consolidation and confirmation of self concept within the new expanded universe. Going to school means for all children the beginning of separation from home and the need to incorporate new influences.

Children must develop social skills needed for group life as well as basic school skills required for reading, mathematics, writing and other areas of learning.

As yet the child has not developed to the point when ideas can be changed around or generalized to new situations and consequently much learning in new situations is through repetition, association and reward. However, modelling the behaviour of adults and other children is an important source of both knowledge, attitudes and behaviour. Most importantly, children at this age learn by doing; "hands on learning" is extremely important.

The range and number of significant educators expands to include the teacher, and for some children, a community educator such as Sunday School, Cub or Brownie leader. These new influences are added to the home-based influence of the parent and increased exposure to peers makes them more important than before as sources of education.

In order to accomplish learning tasks the child needs to feel a sense of personal acceptance within the new milieu. These children must be given developmentally appropriate tasks as well as encouragement and supervision to allow for accomplishment. Positive feedback about accomplishments rather than negative critical judgements is more useful to children during this transition period.

The health interests of early schoolers center around how the body works, safety, and first aid. Their identified health needs include accident prevention, reduction of communicable disease and its complications, and facilitation of positive growth in the child's wide and expanded universe.

The issue of finding developmentally appropriate tasks for school and playground is important. Further, new significant educators, particularly school teachers, need to have their nonformal role model impact emphasized.

Many children of this age have community programs available to them. These include clubs, organized sports and many others. These programs have both formal health content and informal influence. Urban children with the financial resources can and frequently do participate in programs offered by YW and YMCA's and other similar organizations. Recreation programs are offered in many urban areas. School-based education programs such as "Nutrition Week" become part of the child's health learning universe.

Because of the overall need for programs for the age group to be built around "hands on" learning, the following ideas are presented as appropriate strategies to aid health learning.

Through the mail, each child or family of young children could receive a "Safe Home" package designed for those with elementary reading skills. The package would contain lists of common home safety hazards and suggestions for eliminating them. Prior to the child's mailing, a guide to accompany the package would be sent to all parents to discuss the project, the need to involve the child in learning, and follow-up information.

A Minister's Award for Children's Health Stories could be established which would, each year, offer cash awards, certificates, and copies of prize stories. Within a few years time a collection of these stories could be packaged for teachers, children, libraries, and selected target groups of families (e.g. one with a child recently involved in an accident requiring hospital treatment). These 'true stories' could also be used during library story hours, pool-break times when life-guards empty the pool or day camp rest periods.

From the point of view of child health it is important that Saskatchewan Health capitalize on the many clubs and organizations that exist for children. Information about health issues, leadership training and the development of age-appropriate curricular packages which could be used in the regular programming of these groups would benefit many children.

Accidents remain a major problem for children of early school age and one of the most important new toys is the bicycle. While many parents are involved in teaching their children to ride bikes it is important to emphasize "Safe Bikes". At this age, children can not be responsible for the safety of the machine itself. Nor are they sufficiently traffic-mature to be good judges of distance and momentum. However, a program of "Safe Bikes" could be developed to provide information for both parents and children which develops consciousness about the importance of bike safety. And it would be worthwhile to remind those who drive cars to drive defensively for the children's sake.

Developing good nutrition habits is especially important at this age when children begin to spend their own money and to be away from home. The lessons about candy and junk food need to be constant and repeated. Children of this age, both boys and girls, enjoy food preparation and cooking. Therefore, consideration should be given to the preparation of a "Good Food Cookbook for Kids", which provides nutritious menus for the whole family as well as for kids.

MIDDLE AGED CHILDREN

This stage in the life of children, beginning at seven or eight years, marks a great leap forward in the child's ability to think, form concepts and remember. It is a time when beliefs are strongly held and rules are very important. Children spend a great deal of time and effort bringing order to their world, finding out what they and others think and believe, trying out different roles and practising for the future. Children in this middle age are now able to keep two thoughts in mind at once and to manipulate concepts to discover what will happen.

"What if...? is the most common question they ask. They are able to perceive discrepancies and often accuse others, especially adults of saying one thing and doing another. A great deal of their time is taken up pursuing these discrepancies to seek a resolution. They are developing independent abilities to learn. While they still learn primarily by reward, association, and modelling, they continue to experiment and discover for themselves how things work. Their significant educators are fairly balanced between home, peers and school.

Middle aged children need opportunities to make choices for themselves and in this way exercise their capacity for the future. An important role for adults is to provide them with the information on which they can make informed decisions. They are beginning to develop a concept of right and wrong based on "law and order", consensus and the good of the group, making this an opportune time to introduce health protection concepts.

Health issues of importance to this age group are prevention of accidents (especially for boys) and communicable diseases, development of good health habits and preparation for the next major growth spurt commencing with puberty. Among subjects of health interest are the topics of previous interest - how the body works, as well as first aid and safety, plus mental health, social development, human relations including self, peer, and family, babies and child development, and alcohol and other drugs.

This is the age at which there are countless opportunities in organized health learning. Many are school-based and others consist of various promotional "weeks" around specific interests or topics. All contribute to children's health learning through information, role modelling, interacting with adults and peers, and being involved in group activities which foster interaction, and competence.

Age appropriate materials for this age group need to be developed to emphasize the earlier health learning opportunities in nutrition, dental health, and accident prevention. Curiousity about guns, fire, implements, tools and machines are a cause for concern. Anticipatory guidance and a protected environment are both necessary.

Many children in Saskatchewan spend hundreds of hours a year in transit between home and school on buses. Little is required except stay out of the bus driver's way and sit down for safety. As well, little is provided to stimulate thinking or imagination except for interaction with peers. It would be opportune to supplement these times with a variety of learning games, puzzles, quizzes and stories. Contained in a large lunch kit type of container, and entrusted to the care of older riders, each school bus could be equippped to entertain, to provide health learning and to encourage fun and interaction beyond bugging others. Each school month the program could be changed through additions and children could be encouraged to develop their own materials for the bus.

At this age imitation is very important to children. Emphasis must be given to lobbying television regulatory agencies, producers, script writers and advertisers to change dangerous and risk-taking role models in programs that children watch and to replace these concepts with others which might generate healthy behaviour among children. The Dukes of Hazzard is a bad example for children which consistently shows the police to be buffoons and involves unreasonable risks in automobiles and other realistic situations. This program is dangerous for children. As well, much could be done to restructure male and female role models on television in order to down play the "macho", impulsive, risk-taking male.

The development of leadership training courses for adults who are involved in children's clubs, organizations, and sports is needed. The impact of the leader, as well as the attitudes and values that are passed on are considerable. Specific learning packages emphasizing health related material should be developed. Consider the advantage to the ten year old of hearing from a hockey or ringette coach that good nutrition and fitness are important. Coaches can be extremely important health educators and games are one of the best learning environments.

Older children of this age group are beginning baby-sitters. The baby-sitting courses which are offered are useful and effective but not very available. This is another area in which Saskatchewan Health could provide the impetus to communities to encourage health learning opportunities for young people. Church and service clubs are excellent community recources to act upon the encouragement and provide useful community services.

From the point of view of fitness and health it is important that children of this age group get involved. Sports excellence and competition should not be the hallmark of programs for middle aged children. Participation in meaningful recreation -- physical activity, arts, crafts, music or what have you -- is important to present and future health. Awards for excellence are fine for those who achieve them but much more effort must be made to reward participation and encourage personal improvement.

YOUTH

The change in status from child to youth is signalled by the advent of puberty. Currently in North America this would be on average between 11 and 12 for girls and 13 and 14 for boys. Boys continue to lag behind girls some two years in their adolescent development. In dealing with current issues for youth, consideration must be given to the dramatic decline in the age of puberty which has occurred during this century. Simultaneous, there has been an increase in the average age at which youth take on meaningful adult roles thus lengthening the interval between "biological maturity" and "social maturity".

This has created confusion for youth, parents and society and many complex problems.

The advent of this new stage of growth is accompanied by the development of abstract thinking abilities as well as the many physical changes of maturity. The peer group becomes a major significant educator for youth particularly in this culture where there is extensive age segregation of activities.

The developmental tasks for youth are the re-evaluation of childhood learning, development of personal values, and individual identity, and eventual separation from the family. Young people are apprenticing for the roles that they will assume in the future.

Youth need challenge, opportunity, freedom or permission to experiment and the availability of a safe habour to which to return from their exploration. Youth resent arbitrary restriction and what they perceive to be unfairness. Their wish is to be given information on which to make decisions rather than to be told what to decide. The needs of youth often prove stressful to others in their network of significant relationships, especially parents. The changeability of individual adolescents and the variability within the adolescent group are primary characteristics of this stage of growth.

With developing independence, the health issues of importance to youth become more multifaceted. Among these are: accidents, suicide, mental health, human relationships, pubertal changes, sexuality especially in relation to behavioural issues such as venereal disease, pregnancies, and contraception, drug use including tobacco, alcohol, and "street" and prescription drugs, nutrition, and the establishment of a personal health lifestyle. It is important to remember that suicides among youth constitute the second cause of death after accidents. When reviewing adolescent experience it is important to keep a balanced view of both the significance of health risk issues such as pregnancy, drug use, or suicide and the typical successful healthy development that characterizes most young people during this phase.

Research has shown that the health interests of youth are wide-ranging and include self-development, values and responsibility, decision-making and the learning of lifetime recreation skills, as well as mental health, alcohol, drugs and sexuality. Learning how to cope with emotions, stress, loneliness or depression are major health-related concerns of youth.

The availability of community-based learning opportunities for youth varies widely. While almost all youth have available to them school-based learning, and community opportunities such as church and community youth groups, in many areas of the province young people are increasingly unwelcome in either child-centered or adult-oriented facilities and programs.

One result is that many youth spend a significant amount of time in group activities such as driving around or hanging around shopping areas.

One impressive forum for health learning for youth which is facilitated by Saskatchewan Culture and Youth and some committed adults is the Last Tough Regional Youth Council. Originally this was one of several regional youth councils developed by Culture and Youth almost all of which have died out. With adult advisors plus financial support and advice from Culture and Youth, young people in a given geographical district have formed a group to organize recreational activities and leadership training, develop opportunities for young people to come together and learn about a wide variety of health issues, and interact with each other and some significant adults. One of the important components of this model is the youth-centered nature of the organization. Adults function as low key advisors and the youth take on almost all significant roles from writing grant proposals to organizing courses and seminars. One of their excellent summer projects has provided summer play experiences for younger children in various towns in their region.

There are many options for improvement of health learning opportunities for youth. The Task Force was particularly concerned about the following approaches: the development of "apprenticeship opportunities" and youth involvement projects; use of peer influence and the peer network to increase health information; specific programs focused on health risk issues such as suicide prevention, pregnancy prevention and accident prevention, especially motor vehicle accidents, and alcohol and other drug education.

Opportunities for youth to volunteer in day care centers, hospitals, nursing homes and community recreation are available but should be encouraged through community youth groups such as the Last Touch Regional Youth Council. More important is the provision of additional paid job opportunities. While a pay cheque may not be necessary to survival for most youth it is still considered a major measure of adult achievement. Programs such as Opportunities for Youth and Youth Employment Service are excellent ways in which young people can make meaningful contributions to their community and to their own growth and development. In particular, programs to help youth cope with stress and other concerns such as alcohol and drug abuse can be developed and staffed by youth themselves as was amply demonstrated during the late 1960's and early 1970's. All human service agencies with youth as a significant component of their client population should examine ways to develop youth advisory and youth involvement service components.

An excellent example of peer-based education comes from the Saskatchewan Interagency Council on Smoking and Health seminar program. Using a selected group of students (grade 6 and 7 level) trained in a two-day workshop, this program aims to put into the youth grapevine information about the effects of tobacco and provide role models of teens who don't smoke. A recent evaluation of the program indicates promising early results. This approach is especially potent with young people as it has been demonstrated that they seek out information and advice from their peers rather than from adults when they have worries and concerns about their health. This approach could prove to be very useful by providing the youth network with up-to-date and relevant health information so that informed decisions could be made and young people could in this way learn to be on guard for each other. The "Safe Graduation" campaign is another variation of this excellent approach. Developing youth to youth programs is one of the most exciting possibilities for improving the health of young people.

Packages of materials for use in school newspapers and in other youth media should be developed using learning approaches which are appropriate to the population. Challenging "true stories" could be written which are oriented to the re-appraisal of issues typical to youth. Youth do not have the same learning needs as adults and are poorly served where they are "included" in mass health education programs. Saskatchewan Health should consider developing an ongoing relationship with local radio stations oriented to local youth. "Youth Line" could be a potent force providing health-related information and lively debate about youth issues. While not an appropriate forum for counselling, open-line radio, music, good information, and youth participation could provide a popular source of health learning.

GENERAL COMMENTS AND CONCLUSIONS

1. Opportunities for children to learn about health directly through participation and practice are essential.

2. The family is extremely important to the health learning of children, thus we must provide effective health information to parents so that they can do their job better.

3. Information is never enough to cause healthy behaviour. More important to lifestyle choice is the every day example of those closest to children and youth, the models that they follow.

4. Effective health learning opportunities for older children and youth involve special programs which influence their peer network.

5. Health learning opportunities for children and youth must be age-appropriate and messages about the same health issues must be available as they grow older.

6. Saskatchewan Health should consider developing a permanent health record for each child that the parents could begin and children could keep. This would provide an excellent ongoing learning resource to assist parents to be mindful of their children's health and of the opportunities for health learning that are available.

7. The school is an extremely important location for informal health learning for children and youth and formal health education curricula one of the most crucial vehicles for providing health information outside of the family.

8. Health promotion through the media provides effective health learning especially when there is personal and community follow-up.

It was not the responsibility of the Task Force to present detailed recommendations about children's health learning. Rather our role was to identify significant issues and high priority areas in which improvement is urgently required. We have attempted to do this by outlining the health learning needs and interests of children, emphasizing developmentally appropriate methods and suggesting possible sketches of program ideas. We have attempted to stimulate thought rather than provide a blue print for change. It is our hope that this report will encourage discussion and action about strategies to improve the health learning opportunities of children and youth because we are convinced that the way to the future is paved with good health learning.

The foundation for the future health of the people of Saskatchewan is being laid today. The question is not can we afford to improve our contribution in this area, but rather can we afford not to in the light of current health care cost escalation. And it is our conviction that our children deserve the best in health by <u>learning through living health</u>.